

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Apache		B. LENGTH OF STAY IN THIS TOWN 3hrs. IN ARIZONA 73yrs.		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO.	
C. CITY OR TOWN St Johns		D. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Community Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		C. CITY OR TOWN Clay Springs		B. COUNTY Navajo	
3. NAME OF DECEASED (TYPE OR PRINT) Jacob Edward Brewer		4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			
6B. NAME OF SPOUSE Amanda Brewer		7. DATE OF BIRTH MONTH Nov. DAY 8 YEAR 1885		8. AGE (IN YEARS OR MONTHS) 73yrs 8mo 17da.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farmer			
9B. KIND OF BUSINESS OR INDUSTRY Farming		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 527-05-2841	
14A. FATHER'S NAME Joseph Smith Brewer		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Betsy Crandall		15B. BIRTHPLACE (STATE OR COUNTRY) Michigan			
16. INFORMANT'S SIGNATURE Amanda R. Brewer		17. DATE OF DEATH (MONTH) July (DAY) 25 (YEAR) 1959		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) ACUTE CARDIAC FAILURE 2. ANTECEDENT CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: (B) CORONARY THROMBOSIS 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: (C) ARTERIOSCLEROSIS ABDOMINAL SURGERY for PARTIAL BENIGN LESION		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-23-59 TO 7-25-59 THAT I LAST SAW THE DECEASED ALIVE ON 7-25-59 AND THAT DEATH OCCURRED AT 1:50 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE C. H. Wansberg, D.O.		22B. ADDRESS Show Low, ARIZ		22C. DATE SIGNED 7-31-59			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		24D. DATE SIGNED			
25A. BURIAL CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE July 26, 1959		25C. NAME OF CEMETERY OR CREMATORY Clay Springs Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Clay Springs, Navajo, Ariz			
26A. DATE REC. BY LOCAL REG. 7/25/59		26B. REGISTRAR'S SIGNATURE Margaret Blatter		27A. FEDERAL DIRECTOR'S SIGNATURE Robert E. Wadsworth		27B. ADDRESS Holbrook, Arizona		27C. EMBALMER'S CERT. NO. 290A	
28A. EMBALMER'S SIGNATURE Robert E. Wadsworth		28B. EMBALMER'S CERT. NO. 290A		28C. EMBALMER'S CERT. NO. 290A		28D. EMBALMER'S CERT. NO. 290A			